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CONFIRMATION NO. 9991

<b>SERIAL NUMBER</b> 09/747,521	<b>FILING OR 371(c) DATE</b> 12/21/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 22727/04079
<b>APPLICANTS</b> Darrel R. Galloway, Dublin, OH; Alfred J. Mateczun, Albuquerque, NM;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/171,459 12/22/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/05/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 30
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 22245				
<b>TITLE</b> METHODS FOR PROTECTION AGAINST LETHAL INFECTION WITH BACILLUS ANTHRACIS				
<b>FILING FEE RECEIVED</b> 2220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	